SKAALEN SUNSET HOME

400	N	MORRIS	S.I.	
STO	JGI	HTON		53589

STOUGHTON 53589 Phone: (608) 873-565	1	Ownership:	Nonprofit Church/Corporation
Operated from 1/1 To 12/31 Days of Operation	: 366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/04):	171	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	171	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	161	Average Daily Census:	161

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (12/31/04)	Length of Stay (12/31/04)	%	
Home Health Care No Supp. Home Care-Personal Care No		 Primary Diagnosis 	%	Age Groups 	 %	 Less Than 1 Year 1 - 4 Years	34.2	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.1	More Than 4 Years	32.9	
Day Services	No	Mental Illness (Org./Psy)	33.5	65 - 74	8.1			
Respite Care	Yes	Mental Illness (Other)	3.1	75 - 84	29.8		100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	49.7	*********	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.2	95 & Over	9.3	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.6			Nursing Staff per 100 Res	idents	
Home Delivered Meals	Yes	Fractures	0.0	İ	100.0	(12/31/04)		
Other Meals	No	Cardiovascular	16.8	65 & Over	96.9			
Transportation	No	Cerebrovascular	9.3			RNs	7.9	
Referral Service	No	Diabetes	6.2	Gender	%	LPNs	9.2	
Other Services	No	Respiratory	Respiratory 6.2			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	23.0	Male	24.8	Aides, & Orderlies	43.7	
Mentally Ill	No			Female	75.2			
Provide Day Programming for			100.0	İ				
Developmentally Disabled	No			İ	100.0			
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Method of Reimbursement

		edicare			Medicaid Title 19			Other			Private Pay	:		amily Care			anaged Care	l		
Level of Care	No.	ુ જ	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	5	5.6	151	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	3.1
Skilled Care	26	100.0	338	85	94.4	128	0	0.0	0	45	100.0	181	0	0.0	0	0	0.0	0	156	96.9
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	26	100.0		90	100.0		0	0.0		45	100.0		0	0.0		0	0.0		161	100.0

SKAALEN SUNSET HOME

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/04
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%		sistance of		Number of
Private Home/No Home Health	3.5	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	1.6	Bathing	0.0		84.5	15.5	161
Other Nursing Homes	2.7	Dressing	9.3		76.4	14.3	161
Acute Care Hospitals	86.7	Transferring	22.4		64.6	13.0	161
Psych. HospMR/DD Facilities	0.0	Toilet Use	16.1		69.6	14.3	161
Rehabilitation Hospitals	0.0	Eating	58.4		36.6	5.0	161
Other Locations	5.5	******	******	*****	******	******	*****
Total Number of Admissions	256	Continence		용	Special Treatmen	ts	8
Percent Discharges To:		Indwelling Or Extern	nal Catheter	4.3	Receiving Resp	iratory Care	13.0
Private Home/No Home Health	6.9	Occ/Freq. Incontine	nt of Bladder	59.6	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	40.6	Occ/Freq. Incontine	nt of Bowel	24.8	Receiving Suct	ioning	0.0
Other Nursing Homes	1.1	_			Receiving Osto	my Care	1.2
Acute Care Hospitals	10.0	Mobility			Receiving Tube	Feeding	1.9
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	8.1	Receiving Mech	anically Altered Diets	24.8
Rehabilitation Hospitals	0.0				2	•	
Other Locations	13.8	Skin Care			Other Resident C	haracteristics	
Deaths	27.6	With Pressure Sores		5.6	Have Advance D	irectives	78.9
Total Number of Discharges		With Rashes		3.1	Medications		
(Including Deaths)	261	"I cir rasires		٠. ـ	Receiving Psyc	hoactive Drugs	53.4

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Non	profit	100	-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	૪	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	94.2	92.7	1.02	90.2	1.04	90.5	1.04	88.8	1.06
Current Residents from In-County	71.4	84.6	0.84	82.9	0.86	82.4	0.87	77.4	0.92
Admissions from In-County, Still Residing	16.0	20.5	0.78	19.7	0.81	20.0	0.80	19.4	0.83
Admissions/Average Daily Census	159.0	153.0	1.04	169.5	0.94	156.2	1.02	146.5	1.09
Discharges/Average Daily Census	162.1	153.6	1.06	170.5	0.95	158.4	1.02	148.0	1.10
Discharges To Private Residence/Average Daily Census	77.0	74.7	1.03	77.4	1.00	72.4	1.06	66.9	1.15
Residents Receiving Skilled Care	100	96.9	1.03	95.4	1.05	94.7	1.06	89.9	1.11
Residents Aged 65 and Older	96.9	96.0	1.01	91.4	1.06	91.8	1.06	87.9	1.10
Title 19 (Medicaid) Funded Residents	55.9	54.6	1.02	62.5	0.89	62.7	0.89	66.1	0.85
Private Pay Funded Residents	28.0	32.6	0.86	21.7	1.29	23.3	1.20	20.6	1.36
Developmentally Disabled Residents	0.0	0.5	0.00	0.9	0.00	1.1	0.00	6.0	0.00
Mentally Ill Residents	36.6	37.4	0.98	36.8	1.00	37.3	0.98	33.6	1.09
General Medical Service Residents	23.0	20.2	1.14	19.6	1.17	20.4	1.13	21.1	1.09
Impaired ADL (Mean)	45.7	50.1	0.91	48.8	0.94	48.8	0.94	49.4	0.93
Psychological Problems	53.4	58.4	0.91	57.5	0.93	59.4	0.90	57.7	0.93
Nursing Care Required (Mean)	6.2	7.0	0.89	6.7	0.93	6.9	0.90	7.4	0.84